IN THE CLAIMS

Cancel non-elected claims 11-13 and 15.

1. (amended) A method of desensitizing an individual to an allergen comprising the step of delivering an allergen against which the individual mounts an allergic response directly into a lymph node of said individual, whereby the individual is desensitized to the allergen.

19. (amended) The method of claim 1 wherein the allergen further comprises a physiologically acceptable carrier.

21. (amended) The method of claim 20 wherein the adjuvant is selected from the group consisting of alum, BCG, aluminum hydroxide, aluminum phosphate, calcium phosphate, a surface-active agent, a surface-active microparticle, a bacterial product, a chemokine, a cytokine, a hormone, chitosan, starch, alginate, a cellulose derivative, a protein, and a nucleic acid.

23. (amended) The method of claim 1 wherein 1 to 5 doses of from about 0.01 μg to about 10 μg of the allergen are delivered.

24. (amended) The method of claim 1 wherein a dose of from about 0.1 μg to about 50 μg of the allergen is delivered.

IN THE SPECIFICATION

(1) On page 13, delete the three paragraphs beginning on line 4 and replace them with the following three paragraphs:

The allergen may be delivered in a dose of about 0.01 μg to about 10 μg or about 0.1 μg to 50 μg and more preferably in a dose from about 0.1 μg to about 10 μg, although the optimal dose may vary depending on the allergen being injected, the weight of the patient, the immune

system of the patient, and the like. Effective treatment in many cases may be accomplished with one delivery. In some embodiments, treatment includes from 1 to 15 injections. In preferred embodiments, treatment includes from 1 to 5 injections and more preferably 1 to 3 injections. For example, the standard escalation after a test dose of 0.1 μg involves administration of 1 μg followed by 5 μg and 10 μg. Escalation depends on the patient's tolerance of the previous dose. Multiple injections may be delivered periodically, *e.g.,* over a course of days, once or twice per month, or several times per year.

The dose employed during the initial (desensitization) phase can be from about 0.01 μg to about 10 μg or 0.1μg to 10 μg delivered in from 1 to 5, preferably from 1 to 3, injections of 1 μg, 5 μg and 10 μg over the course of from several days up to 3 months. In preferred embodiments, the allergen is delivered 2 to 3 times, 1 to 2 weeks apart. During desensitization treatment, 50 μl to 200 μl of an allergen-containing composition is administered directly into the lymph node starting with very small doses of allergen, from 0.1 μg up to 10 μg. This dose is one-tenth the normal dose for subcutaneous immunotherapy, and therefore the possibility of side effects is minimized.

The dose employed during the maintenance phase can be from about 0.01 μg to about 10 μg or 0.1 μg to 50 μg, preferably 0.1 μg to 20 μg, delivered periodically over the course of from several months to several years. During maintenance treatment, the patient's lymph node is injected with from 0.1 μg to 50 μg of allergen in injections of typically 50 μl to 200 μl each. One skilled in the art will recognize that even smaller quantities of carrier are feasible.